



You must bring this prescription with you to your exam

Patient Scheduling 703.698.4488

Fax 703.698.0864

Schedule online at fairfaxradiology.com

To avoid any delay, all information in this box must be completed.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician Name (Clearly Legible) FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Physician Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Clinical History/Symptoms \_\_\_\_\_

Additional Physicians to Receive a Report \_\_\_\_\_

For Pre-Authorization Assistance by Fairfax Radiology please complete:

ICD-10 Code: \_\_\_\_\_ TAX ID #: 54-0846558 or NPI #: 1114902509

Please fax clinical notes to: 703.698.8745 ■ Questions: 703.752.7793

Nuc Med Skeletal

Please bring pertinent X-Rays for all Bone Scans

- Whole Body, SPECT/CT (specify area), Whole Body w/Renal Differential, Limited (specify area), 3 Phase (specify area)

Nuc Med Cardiovascular

- Resting MUGA Scan (%LVEF)

Nuc Med Endocrine

- Thyroid (RAIU & Scan), Post Ablation Total Body, I-131 Whole Body SPECT/CT (Thyroid Cancer), Parathyroid SPECT/CT, Other, I-123 Whole Body SPECT/CT (Thyroid Cancer)

Nuc Med Tumor/Infection

- Gallium, 111Indium WBC, Ceretec WBC, Other, I-123 MIBG SPECT/CT Scan, Octreoscan SPECT/CT

Nuc Med Pulmonary

- Lung (V/Q), Quantitative (Split Function)

Nuc Med CNS

- Ceretec Brain SPECT/CT, DaT (Brain SPECT Scan), To schedule a DaTscan, please call 703.698.4442

Nuc Med Gastrointestinal

- Gastric Emptying (2 Hour, 4 Hour), Liver/Spleen, GE Reflux (Adult, Pediatric Milk Scan), Hemangioma (SPECT/CT), G.I. Bleeding, Meckel's, Hepatobiliary (HIDA), H. Pylori Breath Test w/CCK for Ejection Fraction

Nuc Med Genitourinary

- Renal (Q, Differential, Split Function), DMSA (Pyelonephritis), Diuretec/Lasix (Obstruction), Cystogram (Reflux), Captopril (RAS/HTN), Renal Transplant

Nuc Med Therapy I-131

I-131 Therapy Ablation dose options:

- Please administer \_\_\_\_\_ mCi of I-131, Please call to discuss I-131 dose, Please have radiologist calculate appropriate dose

- Thyroid Cancer, Therapy Hyperthyroidism

## Map Of Location

Also available online at [fairfaxradiology.com](http://fairfaxradiology.com)

### Prosperity Imaging Center

8503 Arlington Blvd., Ste. LL-100, Fairfax, VA 22031

■ Appointment Date: \_\_\_\_\_ ■ Appointment Time: \_\_\_\_\_



### Exam Preparation Instructions

#### Bone Scan – No mandatory preparation.

Encourage fluid consumption prior to exam. Bring all relevant past X-rays.

#### H. Pylori Breath Test – Do not consume food or drink, including medication, for 6 HOURS prior to exam.

NO Prilosec, Prevacid, Sucralfate, Carafate, or Nexium for 2 WEEKS. NO antibiotics or Pepto Bismol for 1 MONTH.

#### Hepatobiliary Scan (with or without CCK) – Do not consume food or drink, including medication, for 6 HOURS prior to exam.

#### Gastric Emptying – Do not consume food or drink, including medication, for 6 HOURS prior to exam. NOTE: For SOLID gastric emptying exam, bring 2 pieces of buttered toast to your appointment.

#### Thyroid Uptake (RAUI and Scan) –

Do not consume food or drink, including medication, for 6 HOURS prior to exam. No seafood and/or vitamins for 2 DAYS prior to exam.

#### Renal Scan – Drink extra fluids prior to exam.

# Referral Pad Reorder Sheet

A friendly reminder to reorder referral pads

Office Name \_\_\_\_\_ Date \_\_\_\_\_

Ordered By \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Referral Pad Requests – Please indicate number of referral pads needed

- |   |   |
|---|---|
| <input type="checkbox"/> General FRC # _____      | <input type="checkbox"/> Pain Management # _____        |
| <input type="checkbox"/> Breast Imaging # _____   | <input type="checkbox"/> Fairfax Vascular Center# _____ |
| <input type="checkbox"/> MRI # _____              | <input type="checkbox"/> Musculoskeletal US # _____     |
| <input type="checkbox"/> Nuclear Medicine # _____ | <input type="checkbox"/> Pelvic Floor # _____           |
| <input type="checkbox"/> PET/CT # _____           | <input type="checkbox"/> Thyroid FNA # _____            |

## Physician Resources

- |  |  |
|--|--|
| <input type="checkbox"/> Accessing Patient Reports and Images Online Guide | <input type="checkbox"/> Please have a representative contact me regarding _____ |
| <input type="checkbox"/> FRC Sites and Services Pad (50 Sheets)            |  |

## Physician Brochures

### CT (Computed Tomography)

- Cardiac CT Screening
- Lung CT Screening
- Radiation Dose and CT
- Virtual Colonoscopy

### Breast Imaging

- Automated Breast Ultrasound Screening (ABUS)
- 3D Lower Dose Mammography/Tomosynthesis
- Breast Imaging Patient's Overview
- Breast MRI

### Interventional Radiology

- Abdominal Aortic Aneurysm
- Liver Cancer Treatment
- Peripheral Arterial Disease
- Uterine Fibroid Embolization
- Varicose & Spider Veins
- Vertebroplasty

### Other

- About PET Your PET/CT Scan
- Pain Management Patient's Overview
- Prostate MRI Patient Instructions
- Your Guide to Vein Treatments

**To order supplies:** ■ Fax this form to 703.698.4450 or Call 703.698.4481  
■ Go to [www.fairfaxradiology.com](http://www.fairfaxradiology.com), under "Quick Find Physicians" select "Referral Pad Request Form"

